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Disordered eating is a pervasive problem for women in our culture. The problem can take several forms including anorexia nervosa, bulimia, and binge eating disorder. These disorders are on the rise and are reaching frightening proportions. For example, it is estimated that one out of every one hundred adolescent women suffer from anorexia.

Unfortunately, people struggling with eating disorders are very often reluctant to seek help for a variety of reasons. Most feel ashamed, feel hopeless about change, and are fearful about giving up the only way they know how to cope with the stresses of life. If left untreated, however, eating disorders can result in serious medical complications and in some cases can be fatal. Often friends, family, physicians, educators, and mental health providers are in a position to be of help. The way to be most helpful is to be familiar with the signs and symptoms of the disorder and to understand how someone with an eating disorder thinks.

The typical profile of an eating disordered person is of a young, white, middle-class female from a family that places a high value on appearance and achievement. The eating disorders are more often (but not exclusively) a problem for women and usually begin to develop in adolescence or young adulthood. During this stage of life, young women are busy struggling to separate from their families and to define themselves and are therefore more vulnerable to being influenced by the voice of the culture. The current voice of the culture is loud and clear and says that if you are a woman, you must be thin to be considered worthwhile, attractive, lovable, successful, and competent. People develop eating disorders for complex reasons. There is no one cause. The culture is a large part of the problem, but is only one part of the problem.

The Voice of the Culture

Persons with eating disorders have swallowed whole the message of the culture. As a result, they feel compelled to resort to extreme measures in an effort to measure up to the ideal--they diet, vomit, starve themselves, take laxatives, and exercise compulsively in order to make themselves thin and therefore acceptable. They become convinced that their worth depends on how thin and attractive they are. They compare themselves to others who have accomplished this "ideal" state. The culture does not support what is real--that women come in all shapes and sizes. Nor does the culture remind women that the current standard for beauty was not always the standard--that it has changed over the years--that long ago, when food was scarce, being large was considered ideal.

Our culture sends many kinds of messages to women that have contributed to the development of eating disorders. Women have also been taught by our culture that they must take care of the needs of others and ignore their own needs. They are taught, in general, that they must give and do for others in order to feel worthwhile. This way that women learn to be is part of what makes women so special--it's what allows them to be good mothers. Taken to the extreme, however, it is part of what leads to disordered eating. For example, women are taught to prepare food for their families and to deny themselves the foods they enjoy. They are taught to relieve their stress and to give themselves comfort as quickly and quietly as possible--by eating or starving. They are taught not to bother others with their ideas, feelings, wishes, needs, and dreams--to ignore their own voice.

The Family Culture

The research on eating disorders suggests that this is only part of the picture. Otherwise, all women would have eating disorders. People with eating disorders come from families that

particularly reinforce these cultural messages. Very often persons with eating disorders come from families that emphasize and value thinness. Only if you are thin are you told you "look good." Food and eating are often major focuses in these families as well. Families also reinforce the message that women should put their needs aside. Most families of persons with eating disorders struggle with the direct expression of emotion--especially negative emotion. Women in these families tend to worry about the needs of others and to put their needs on hold. As a result, they develop a disorder that provides them a way to nurture themselves (through eating) and helps them to feel better (at least temporarily). Eating or starvation is an effort to take care of sadness, anger, fear, confusion, and other emotions that are not spoken. These are ways they try to take care of themselves and at the same time to distract themselves from what they feel deep inside.

Most women who struggle with disordered eating develop a way of relating to themselves that involves extreme deprivation. They don't allow themselves to say what's on their mind or to eat what they like to eat (without guilt). They don't know when they are angry or when they are hungry or full. They are simply tuned out when it comes to themselves.

The Role of Biology

What happens to a body that is being starved? Persons struggling with anorexia or bulimia deprive their bodies of the nutrients they need to work efficiently. Eventually, the metabolism slows down. When this process occurs, the dieter's body actually metabolizes food less efficiently and she often gains weight even when she eats very little. This physiological response adds to the dieter's frustration and feelings of low self-esteem. In response, the dieter strengthens her resolve. She creates stricter rules and becomes increasingly rigid about enforcing them. At the same time,

the brain responds to the starvation by generating thoughts and images of food in order to motivate the person to eat. Often the types of food that the person craves are foods that she has decided are "not allowed." From a biological perspective, they are also the foods that her body craves in search of a quick boost of energy (for example, candy bars). The body will always work hard to survive. After having one candy bar the dieter has the strong urge to eat more. This happens because the dieter feels guilty and "bad", and also in reaction to the fear that after she eats it she will swear to never eat candy again. The body reacts similarly, strong cravings for more are triggered on a biological level. The dieter fails to see it this way, however. She sees it as yet another example of her inability to control herself. Her self-esteem suffers with each episode of overeating.

For persons with bulimia, vomiting, excessive exercise, laxatives, or diuretics become the hoped for solution to the problem of overeating. Unfortunately, these measures only contribute to the sense of hopelessness the dieter feels about herself--they are no solution.

Signs and Symptoms of the Eating Disorders

Although persons struggling with the different eating disorders may appear different on the outside, they share a similar dilemma on the inside. Regardless of the disorder, they share a similar ^{way} of thinking about food, their bodies and themselves. In fact, it is not uncommon for the same person to cope with different forms of the problem at different times in their lives. In addition, persons struggling with different forms of the disorder may experience similar symptoms and behaviors. It is important to know that there is a great deal of overlap.

Anorexia Nervosa. Anorexia Nervosa is a disorder of self-starvation. The disorder involves an obsessive pursuit of thinness often resulting in excessive weight loss and possible malnutrition. The warning signs include:

- Significant weight loss
- Constantly worries about "feeling fat"
- May skip meals
- Engages in behaviors to compensate for food intake (excessive exercise, purging food)
- Has difficulty identifying feelings of hunger
- Observes rigid rules about the kinds of foods that are allowed

Bulimia Nervosa. Bulimia Nervosa is characterized by a secretive cycle of binge eating followed by purging either by vomiting, laxatives, diuretics, excessive exercise, or fasting. Persons with bulimia are often extremely ashamed of their behavior and often suffer in silence. Warning signs include:

- Going to the restroom after meals
- Overeating without weight gain
- Eating rapidly and beyond point of fullness
- Swelling around the jaw, bloodshot eyes, dental problems
- Mood swings

Binge Eating Disorder. Binge eating disorder is characterized by a perceived inability to control food intake and repeated attempts to lose weight by dieting. Often there may be initial success at weight loss, however, ultimately the lost weight is gained back, plus additional pounds. Body weight may range from normal to obese. Warning signs include:

- Gaining weight (sometimes)
- Continuous eating throughout the day or binge eating (eating large amounts of food in a short period of time)
- Feeling out of control when eating
- Eating in response to emotional rather than physical hunger

If left untreated, all forms of eating disorders can result in serious medical complications and could eventually lead to death. What is especially problematic is that persons with eating disorders often minimize their difficulty and are reluctant to seek help. They are ambivalent about whether they want to give up their coping mechanism. In some cases they feel frightened to "try again" since they have failed on a daily basis in their efforts to control their behavior. In some cases they feel that their eating disorder is the only way to express their independence and their power. Often parents or other loved ones must encourage or in some cases insist on treatment. The longer a person struggles with an eating disorder, the more difficult it is to overcome.

Treatment

Treatment for eating disorders usually involves individual, family, or group psychotherapy or some combination of these approaches. The treatment focuses on helping the individual learn to find a different way to think about food, eating and herself. It involves learning what it means to eat like a "normal" person--that is, to eat in response to physical hunger and to stop when full. It involves learning to eat foods that are enjoyable instead of foods that are low this and low that. At a certain point, individuals in treatment realize that they are no longer eating in response to feelings of deprivation and no longer are eating foods just because they are "not allowed." They find a way out of the vicious cycle that many have coped with for years and years.

The individual is encouraged to challenge the voice of the culture which says that women take up too much space and that in order to be acceptable they must be small. She learns to listen to, trust and respect her body and herself. She is encouraged to change completely the way she thinks about herself rather than embracing a temporary solution (a new diet). Treatment also involves teaching women how to relax, how to take care of themselves, how to assert themselves, how to solve problems, and how to find ways other than eating or not eating to cope with their feelings and with the pressures of life. It is not an easy road. Many women, however, are deciding to walk down it for they can no longer tolerate the pain of yet another diet or even another day of coping with the battle inside. It takes courage, patience, and hard work. They are discovering that it is possible to emerge from this way of existing and to begin living.

How to Offer Help

If you suspect that someone you care for is struggling with an eating disorder, the compassionate and responsible thing to do is to reach out to that person and tell them of your concern in a caring, nonjudgmental way. It is important that you tell them what you have observed and suggest that they seek appropriate help. If the person is a minor, discuss your observations with her parents (check your state's laws and regulations). Be prepared for a reaction that might range anywhere from relief and appreciation to denial and anger. Be prepared that the person may not follow through with your recommendation. It can take several conversations like this one to make a difference.

If you are concerned about someone and they are not willing to go for help, you might consider meeting with a mental health professional who has special training in eating disorders for a consultation in order to explore the best way to intervene. If the person appears to be in

extreme danger, the professional may suggest that you consider insisting on hospitalization. The mental health professional will help you sort through all of the information and come up with a plan that takes into account all of the complex factors. When you are emotionally involved, sometimes you may actually make the situation worse by overreacting (which would be natural). For this reason it is better to consult with someone who can remain more objective and help you think through your options.